

NEWTON PARKS & RECREATION DEPARTMENT

CAMP BRUNEN BROOK

Registration - 2012

Name _____ School _____ Fall '12 Grade _____ DOB _____

Address _____ City _____ Zip _____

Parent(s) _____ Phone (H) _____

Email _____ Phone (W) _____

T SHIRT SIZE: Youth Sm _____ Youth Med _____ Youth Lg _____ Adult Sm _____ Adult Med _____ Adult Lg _____

Is your child taking any medication that needs to be administered at Camp Brunen Brook?

_____ daily medication _____ Inhaler _____ epi pen _____ allergic to _____

DATES (check weeks you wish to attend)

Hours (circle one)

Week One:	June 25 – June 29	_____		
Week Two:	July 2 - July 6	_____	(no camp on 7/4)	
Week Three:	July 9 - July 13	_____	Standard Day	8:30 - 3:30
Week Four:	July 16 – July 20	_____		
Week Five:	July 23 – July 27	_____	Extended Day	8:00 - 5:00
Week Six:	July 30 - August 3	_____		
Week Seven:	August 6 - August 10	_____	Extended till 6	8:00 – 6:00

TUITION – Fees listed are per child per week. Non Residents may register starting March 1, 2012

	<u>Standard Day</u>	<u>Extended Day</u>	<u>Extended till 6</u>	<u>Week 2 (July 2 – 6)</u>
Residents	\$200.00/week	\$250.00/week	\$270.00/week	is \$40.00 less and will not
Non Residents	\$215.00/week	\$265.00/week	\$285.00/week	run on Wednesday July 4

A \$25.00 late fee will be assessed for any registrations, paperwork or payments received after May 15, 2012.

TOTALS

Cost per Week x _____ Weeks \$ _____

(Minus \$40.00 for week 2 or Plus Late Fee if applicable)

Deposit due with Registration (\$30.00 per week) \$ _____

A \$30.00 non refundable deposit is due **per week** with the registration and will be deducted from the total due.

Balance Due by 5/15/12: \$ _____

Please fill out both sides of this form and return it with payment (checks made payable to City of Newton) to:
Newton Parks and Recreation * Attn: Channon Ames * 124 Vernon St * Newton, MA 02458

Credit Card Payment Form

Payment may also be made by Credit Card (Master Card or Visa). Please fill out the information below to pay by credit card.

Last Name	First Name	Home Phone	Work Phone
			\$ _____
Street	City	State	Zip Code
			Amount
		Visa _____	Master Card _____
Credit Card Number	Expiration Date		

Newton Parks and Recreation Department Camp Brunen Brook Medical Release Form - 2012

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child_____. However, if I cannot be reached, I hereby authorize the Camp Brunen Brook to transport my child to the Newton Wellesley Hospital, or _____ Hospital via Emergency Vehicle, and to secure for my child the necessary medical treatment. I understand that designated staff members at the Camp Brunen Brook are trained in the basics of First Aid and Cardio-Pulmonary Resuscitation, and I authorize them to administer immediate First Aid to my child when appropriate.

Signature of Parent(s)/Guardian(s)

Date

Parental Consent Release From Liability and Indemnity For Participation In The Newton Parks And Recreation Department's Camp Brunen Brook

I/We, the undersigned parent(s) or guardian(s) of _____, a minor, do hereby consent to his/her participation in, and field trips with the Camp Brunen Brook. I/WE forever RELEASE, acquit, discharge and covenant to hold harmless the City of Newton, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants and agents, of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which I/WE may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, either before or after his/her participation in, and field trips with, the Camp Brunen Brook. FURTHERMORE, I/WE hereby agree to protect the City of Newton and its successors, departments, officers, employees, servants and agents against any and all claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in, and field trips with, the said Camp Brunen Brook and to INDEMNIFY, reimburse or make good to the City of Newton or its successors, departments, officers, employees, servants and agents any loss or damage or cost, including attorney's fees, the City of Newton or its representatives may have to pay if any litigations arise from said minor's participation in and field trips with, the said Camp Brunen Brook.

Signature of Parent(s)/Guardian(s)

Relationship

Date

Witness

THIS FORM MAY NOT BE ALTERED

Camp Brunen Brook - PHOTO RELEASE

I/WE, the parent(s) or guardian(s) of _____ do hereby grant permission for pictures to be taken of my child for the purpose of publicity for the Camp Brunen Brook. I understand that photo's may be published in local papers, on the website, or in future brochures for the Newton Parks and Recreation Department and the Camp Brunen Brook.

Signature of Parent(s)/Guardian(s)

Date